

<u>APPLICATION</u>



CERTIFICATE OF APPROPRIATENESS

BUARU	HCB USE ONLY
APPLICATION BUILDING ADDRESS:	DATE RECEIVED BY HCB:
DISTRICT NAME:(if applicable)	PERMIT/APD NO:APP. COMPLETION DATE:
OWNER NAME:	
ADDRESS:	PHONE NO:
EMAIL:	
CONTRACTOR NAME:	PHONE NO.
ADDRESS:	PHONE NO:
EMAIL:	
ARCHITECT NAME:	PHONE NO:
ADDRESS:	
EMAIL:	HCB USE ONLY
PLEASE NOTE: THE FOLLOWING FEES A	RE DUE TO PROCESS YOUR APPLICATION. Fee Received: \$
Certificate of Appropriateness (without Board review) \$50.00 Historic Conservation Board Review\$500.00	Date Received:
	OF THIS INFORMATION CHANGES DURING THE PENDING REVIEW OF YOU
WORK PROPOSED: (Describe type of work, existing conditions	s, and methods to be used, materials proposed)
HCB USE ONLY MINOR ALTERATION NEW CONSTRUCTION ADDITION DEMOLITION REHABILITATION OTHER	
IN ORDER TO EXPEDITE HCB ACTION, PLEASE ATTACH AD IF AVAILABLE, AS MAY BE APPROPRIATE. LIST ANY INFOR specifications, photos, material samples, additional drawings or a second control of the second	MATION ATTACHED: (Elevations, site plans,

Attach a letter explaining the justification for the issuance of the desired Certificate of Appropriateness. Be advised that the burden of proof is on the applicant.